FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U *2540 /*

2 Fiscal Year Covered From
1 / 1 / 2005 Through *12 / 31 / 2005*

3 Name and address of person filing

Name *STEVEN* *B* *COOK*

P O Box Bldg Room No if any [ ]

Street *1216 KENDALE BLVD*

City *E LANSING*

State *MI*   ZIP Code + 4 *48823*

4 Name file number and address of labor organization

Name *MICHIGAN EDUCATION ASSOCIATION*

Labor Organization File Number *512 840*

P O Box Building and Room Number if any [ ]

Street *1216 KENDALE*

City *E. LANSING*

State *MI*   ZIP Code + 4 *48823*

5 Position in labor organization *SEC/TREAS, INTERIM VICE-PRESIDENT*

**Enter appropriate data below If during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions)**

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of
monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name if any)

Name [ ]

Trade Name if any [ ]

P O Box Bldg Room No if any [ ]

Street [ ]

City [ ]

State [ ] ZIP Code + 4 [ ]

7 a Nature of Interest, Transaction or Income

7 b Amount.

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned s knowledge and belief true correct, and complete (See the section on penalties in the instructions)

Signed [signature]

On *3-29-05*   *800 292-1934*

Date   Telephone Number

B Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name: MESSA

Trade Name if any:

P O Box Bldg Room No if any:

Street: 1475 KENDALE BLVD

City: E LANSING

State: MI   ZIP Code + 4: 48823

9 Business deals with

☐ a Labor Organization

☒ b Trust

☐ c. Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name: SAME AS ABOVE

Trade Name if any:

P O Box Bldg Room No if any:

Street:

City:

State: ZIP Code + 4:

11 a Nature of such dealing

MEETING DINNERS - 280 40
ROOM COSTS - LODGING 1,709 53
BOARD GIFTS - 333
MBV TICKETS - 1,068

11 b Approximate dollar value of such dealing: 3,390 93

12 a Nature of interest held or income received

12 b Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name:

Trade Name if any:

P O Box Bldg Room No if any:

Street:

City:

State: ZIP Code + 4:

13 b Is the Business an Employer ☐   or Consultant ☐   ?

14 a Nature of payment.

14 b Amount of payment.